

Redhead Public School

Principal: Mrs Lisa Monaghan

Dear Parent/Caregiver:

An excursion/event has been organised for your child. Information is as follows:

Please retain this page for your reference.

Excursion:	Redhead Public School 2018 Athletics Carnival	
Venue:	Hunter Sports Centre, Glendale	
Date(s):	Friday 29 th June, 2018	
Classes/Group Involved:	Whole School: K-6	
Cost of excursion/performance is:	\$15.00	
Payment due by:	Tuesday 19 th June, 2018	
Depart school at (time):	9:20am	
Return to school by (time):	3:00pm	
Travel will be by:	Seat belted bus	
The groups will be supervised by:	Redhead Public School teachers	
Additional information:	All 5, 6 and 7 year old children will participate in a gymnastics experience inside the venue commencing from 11:30am. Sunscreen for all excursions is to be provided by parents/carers. Students are to wear sports uniform, joggers and their school hat. No jewellery, face paint, coloured hair spray, feathers or wigs are allowed at the venue. Spikes are allowed for track and field events. Recess, lunch, healthy snacks and a water bottle are required.	

Mrs Lisa Monaghan Principal

Mr Malcolm Halbesma Sport Coordinator

Email: redhead-p.school@det.nsw.edu.au

Tel: (02) 4944 7215 Fax: (02) 4942 6098 Website: www.redhead-p.schools.nsw.edu.au



Redhead Public School

Principal: Mrs Lisa Monaghan

Redhead P	^o ublic School – Athletics C	arnival
I consent to		
I have enclosed \$15 as payment of	or	
I have made my payment online.	My receipt number is	
Online Payments can be made by clicking the instructions.	on the Make a Payment link (\$	6) on the schools website and following
Please circle: In the event of any accident or illness, I gi as my child may require. I also agree to p the excursion.	- ·	
The information provided is being obtained for the purp needs about your child who is currently enrolled at the school activities conducted by or in conjunction with Re It will be used by officers of the NSW Department of Edexcursions, sporting or other school activities. Other persons or agencies that may be provided with this who join with the school or are otherwise involved in the be called upon to provide health care treatment or other Provision of this information is not required by law. Ho particular excursion or school activity. In such circumsta Provision of this information will significantly assist the concerns about the provision of this information, please	e school and is participating in school exedhead Public School. lucation to assist planning, to support studes information include, but are not limited to planning or delivery of the excursion, spassistance during or as a consequence of overver, a failure to provide the information ances the school will make available a some school in planning a safer educational	dents, and to minimise risks when conducting school o, volunteers and members of external organisations orting or other school activity; and persons that may such excursions or activities. In may mean that your child can not participate in a and alternate educational experience. activity. It will be stored securely. If you have any
Student Name:	Medicare	e number:
Parent/carer name:		
Parent/carer name:		
Emergency contact details: (nominated by	y parent or caregiver as alterna	ite contact).
Name:	Phone:_	
List existing medical conditions or illnesses (in Medication to be administered during the excurtime of administration, and any possible reaction	rsion. Include name of medication,	,
Please return permission note and money children will miss out.	by Tuesday 19 June. Late per	mission notes will not be accepted and
Parent/carer signature:		Date:
Email:	Tel: (02) 4944 7215	Website:
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